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To: Physicians
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From: Jeffrey P. Davis, MD
Chief Medical Officer and State Epidemiologist
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Jonathon L. Temte, MD/PhD
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Jay A. Gold, MD, JD, MPH
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Re: 2006-2007 Influenza Vaccine Prioritization Plan

Enclosed is the 2006-2007 Wisconsin Influenza Vaccine Prioritization Plan (the Plan). The Plan provides recommendations for prioritizing the use of influenza vaccine based on vaccine supply and availability and the need to ensure vaccination of persons at high risk and their contacts. Currently, influenza vaccine manufacturers are projecting that approximately 100 million doses of influenza vaccine will be available for the 2006-07 influenza season. The Advisory Committee on Immunization Practices (ACIP) recommends that providers focus their vaccination efforts in October on persons aged >50 years, persons aged <50 years at increased risk for influenza-related complications (including all children aged 6-59 months), household contacts of persons at high risk (including out-of-home caregivers and household contacts of children ≤5 years of age), and health-care workers. The Plan addresses the timing of efforts to immunize target groups based on risk of complications of influenza disease. A copy of the plan can be downloaded from our website at: http://dhfs.wisconsin.gov/communicable/influenza/.

The Centers for Disease Control and Prevention (CDC) and other public health agencies will assess the vaccine supply on a continuing basis throughout the manufacturing period and will inform both providers and the general public if a substantial delay or inadequate supply occurs. It is anticipated that four manufactures may produce influenza vaccine for the 2006-2007 influenza season. Three companies, sanofi pasteur (FluZone®), Novartis Vaccine (formerly Chiron) (Fluvirin™) and

GlaxoSmithKline (FLUARIX™) will produce inactivated influenza vaccine and one company MedImmune, Inc., will manufacture a live, attenuated influenza vaccine (LAIV, FluMist™) for the U. S. market.

FluZone® (manufactured by sanofi pasteur) is approved for persons ≥6 months including those with high-risk conditions. Fluvirin™ (manufactured by Novartis) is labeled in the United States for persons aged ≥4 years and FLUARIX™ from GlaxoSmithKline is labeled for use in persons aged ≥18 years including those with high-risk conditions. LAIV (FluMist™ manufactured by MedImmune, Inc.) is approved for use among healthy, nonpregnant persons 5-49 years.

Because the annual supply and timing of distribution of influenza vaccine cannot be guaranteed, we continue to stress the importance of local partnerships. The recent history of vaccine delivery delays and shortages underscores the need for these local coalitions to help coordinate the redistribution and use of influenza vaccine. During the 2004-2005 influenza season, local coalitions helped both public and private providers to manage influenza vaccine campaigns in their jurisdictions and helped reduce concern regarding how to distribute vaccine to ensure that high risk individuals in their communities received influenza vaccine in a timely manner.

The 2006 ACIP recommendations for the Prevention and Control of Influenza were published on July 28, 2006 and include a listing of groups that are recommended to be immunized this year. This document can be downloaded from the MMWR website at www.cdc.gov/mmwr. Updated ACIP information on the vaccine supply and timing of distribution of influenza vaccine that affect the target groups will be posted on our website as we receive that information.

The 2006-07 recommendations include the following changes:

1. Adding the vaccination of children aged 24-59 months and their household contacts and out-of-home caregivers. This change extends the recommendations for vaccination of children so that all children aged 6-59 months receive annual influenza vaccine.
2. Highlighting the importance of administering 2 doses of influenza vaccine for children 6 months thru 8 years who were previously unvaccinated.
3. Stressing the need for providers and others to develop plans for expanding outreach and infrastructure to vaccinate more persons and to develop contingency plans for the timing and prioritization of administering influenza vaccine if the supply of vaccine is delayed or reduced.
4. Reminding providers to continue to offer influenza vaccine throughout the influenza season even after influenza activity has been documented in the community.
5. The composition of the 2006-07 trivalent vaccine virus strains are A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like and B/Malaysia/2506/2004-like antigens. Both the inactivated and LAIV vaccines will contain these antigens. Manufacturers may use the antigenically equivalent A/Hiroshima/52/2005 for the A/Wisconsin/67/2005 (H3N2)-like antigen. For the B/Malaysia/2506/2004-like antigen, manufacturers may use the antigenically equivalent B/Ohio/1/2005 virus.
6. Recommending that neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of influenza A in the United States until evidence of susceptibility to these antiviral medications has been re-established among circulating influenza A viruses.

In July 2004, influenza vaccine became part of the routine childhood immunization schedule; recommendations now include vaccination of all healthy children aged 6-59 months, because children aged 6-23 months are at high risk for influenza-related hospitalizations and because children aged 24-59 months are at increased risk for influenza-related clinic and emergency department visits.

When immunizing children several factors must be considered:

- Vaccination of children aged <9 years who are receiving influenza vaccine for the first time can begin in September, if vaccine is available, because these children will need a second dose 4-10 weeks after the initial dose. If a child <9 years received only 1 dose of any influenza vaccine (inactivated or LAIV) during a previous influenza season, they need only 1 dose in subsequent years.
- Children aged 6-35 months should only receive a 0.25 mL dose of a split-virus vaccine formulation. Currently only sanofi pasteur provides this vaccine.
- Fluvirin™ manufactured by Novartis (formerly Chiron) is approved only for persons aged ≥4 years and FLUARIX™ from GlaxoSmithKline is labeled for use in persons aged ≥18 years. LAIV (FluMist™) manufactured by MedImmune Inc. is approved for healthy individuals between the ages of 5-49 years old.
- Influenza vaccine without thimerosal used as a preservative will be available in limited supply for the 2006-07 influenza season. The total amount of this vaccine will be increased as manufacturing capabilities are expanded. Reductions in thimerosal in other vaccines have already been achieved and have resulted in substantially lowered cumulative exposure to thimerosal. ACIP states that persons for whom inactivated vaccine is recommended may receive vaccine with or without thimerosal, depending on availability.

At this point we do not expect delays or shortages but because of the fragile nature of influenza vaccine production and distribution variables, it is important to review and understand the Prioritization Plan for its possible use during the 2006-2007 influenza season. **We recommend that you do not schedule your influenza clinics until you have received your supply of vaccine**. Then, in the event of a shortfall in production or a delay in the delivery of adequate supplies of vaccine, you will be in a better position to communicate with providers in your area to ensure appropriate coverage starting with the high-risk groups. Please review the enclosed materials. If you have any questions please call the Regional Immunization Program Advisor in your area listed below.

Please share this memo with other interested parties.

The latest information regarding influenza vaccine issues is available on the CDC's website: www.cdc.gov/nip/flu.

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